

Prevalence Of Social Phobia Among Students At Kufa Technical Institute

انتشار الرهاب الاجتماعي بين طلاب معهد الكوفة التقني.

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الخلاصة

خلفيه الدراسة: الرهاب الاجتماعي (الخوف من مواجهة المجتمع) هو واحد من الاضطرابات الشائعة في الدول الغربية، وهو نادر نوعا ما في الدول الشرقية، تتراوح معدلات انتشار هذا المرض 0.5% في المجتمعات الشرقية بينما تصل الى 16% في المجتمعات الغربية.

الهدف: توضح هذه الدراسات مدى انتشار هذا المرض بين الطلاب في معهد الكوفة التقني والخصائص الديموغرافية المرتبطة بهذا الاضطراب.

المنهجية: لقد تم إجراء هذه الدراسات في الفترة ما بين الأول من تشرين الثاني لعام 2011 الى الأول من أيار عام 2012 ولقد تضمنت الدراسة 200 طالب من طلاب معهد الكوفة التقني. تضمنت المقاييس قوائم إحصاء مرض الرهاب الاجتماعي وكذلك استبيان الخصائص الديموغرافية وقد تم تحليل النتائج بواسطة نظام SPSS.

النتائج: احتمالية انتشار مرض الرهاب الاجتماعي جاءت بنسبة 18.5% من مجموع العينة والتي تضمنت 6.5% للذكور و 12% للإناث. الجنس، السكن ودخل الأسرة والحالة الزوجية كلها أمور لها ارتباط مع مرض الرهاب الاجتماعي.

الاستنتاجات: تشير الدراسة إلى الانتشار المرتفع لأعراض مرض الرهاب الاجتماعي وكذلك ارتباط الخصائص الديموغرافية. **التوصيات:** إجراء دراسات أوسع على مستوى المجتمع وتنقيفه حول الرهاب الاجتماعي للكشف عن الحالات غير المشخصة لغرض المعالجة.

ABSTRACT

Background: Social phobia is a highly prevalent disorder in western countries, but is rather rare in eastern societies.

Prevalence rates range from 0.5% in eastern studies and up to 16% in western studies. **Objectives:** The present study examined the prevalence of social phobia in Kufa Technical Institute students and demographic characteristics associated with this anxiety disorder.

Methods: The study was conducted from November 1st, 2011 to May 1st 2012, and included 200 undergraduate students at Kufa Technical Institute. Measures included the Social Phobia Inventory and a socio-demographic questionnaire. Demographic correlates of social phobia were also examined. Statistical analysis was performed with the Statistical Package for the Social Sciences (SPSS).

Results: Probable social phobia was present in 18.5% of the total sample (6.5% male and 12% female). Sex, residence, family income and marital status correlated with social phobia.

Conclusions: The study concluded that there are high prevalence of SP symptoms and its demographic correlates.

Recommendation: doing large population-based study and education of the society about Social Phobia for detection of undiagnosed cases.

Keywords: Social anxiety disorder (SAD), Social Phobia (SP), Social Phobia Inventory (SPIN).

INTRODUCTION

Phobia is persistent, pathological, unrealistic intense fear of an object or situation, the person may realize that the fear is irrational, but, none the less, cannot dispel it ⁽¹⁾. Social anxiety disorder (SAD), or social phobia, is characterized by the fear of being observed or evaluated by others ⁽²⁾. In social situations, persons with social anxiety disorder fear that they will do or say something to draw negative attention to themselves. This fear often results in avoidance of situations in which such scrutiny might take place ⁽³⁾.

Social Phobia is a chronic anxiety disorder characterized by fear of embarrassment in a social context, with secondary attempts of avoidance. It may lead to a restriction in lifestyle, significantly affects important life decisions and often prevents making the most of available opportunities ⁽⁴⁾.

Increasing attention is being paid to anxiety disorders worldwide because of their common occurrence in primary care settings and in the general population ⁽⁵⁾ and the degree of disability found in sufferers. The impairment from anxiety disorders is comparable with long term physical illnesses like arthritis, hypertension and diabetes, but then, unlike these illnesses, anxiety disorders have an earlier age of onset and hence a longer duration of ill-health⁽⁶⁾.

Social anxiety disorder has an early age of onset. It usually starts in childhood or early adolescence ⁽⁷⁾, where 50% begins by the age of 11 years old and by the age of 20 years old in about 80% of individuals ⁽⁸⁾. It has significant impact on the individual's functioning such as reduced workplace productivity, increased financial costs, and reduced health-related quality of life ⁽⁹⁾ with negative impact on career progression ⁽¹⁾. Students found difficulties in forming and maintaining relationship ⁽¹⁰⁾. Studies about Social anxiety disorder among Kufa Technical Institute students are lacking.

The specific aims of this study, therefore, are to: Therefore, the current study aimed to determine the prevalence of this disorder and associated factors among Institute students for proper planning of mental health interventions.

MATERIALS AND METHODS

This cross-sectional study was carried out at Kufa Technical Institute during the period from November 1st, 2011 to May 1st, 2012. A total number of 200 students (male 50% and female 50%) were randomly selected.

Inclusion criteria were Iraqi, aged more than 18 years old. The questionnaires were distributed randomly using simple random sampling at classes, library, and Institute cafe. The questionnaire consists of two sections. The first section consists of socio-demographic characteristics such as (age, sex and income); the second section is Social Phobia Inventory which was translated to Arabic (test – retest reliability, translation – re translation validity and face validity tests)⁽¹¹⁾. Social Phobia Inventory (SPIN) is a brief 17 item self-administered questionnaire measure of generalized SP that assesses a range of avoidance behaviors (e.g., avoidance of talking to strangers), physical symptoms (e.g., distress as evidenced by sweating) and social fears (e.g., fear of people in authority positions). The scale has good ability to distinguish adults with and without social phobia. Items assessing fear, avoidance, and physiological distress make up the three subscales of the SPIN. SPIN is with good sensitivity (73%) and specificity (84%) for social anxiety disorder where a SPIN score of > 19 distinguished subjects with and without social phobia, and good efficiency with diagnostic accuracy of 79%. Furthermore, it has positive predictive value (PPV) of 81% and negative predictive value (NPV) of 77% ⁽¹²⁾.

The students scored 19 or above in the Social Phobia Inventory indicating that they have a higher probability of possessing a diagnosis social anxiety disorder. The students whose SPIN score were more than 19 were offered further assessment to confirm the diagnosis by going to the psychiatric department and if need be treatment. Consent was obtained from students before they answered the questionnaire. Statistical analysis was performed with the Statistical Package for the Social Sciences (SPSS).

RESULTS:

Table(1): Pattern of SPIN score

Score Range	No.	%
Up to 8	79	39.5
9-18	84	42
19 or more	37	18.5

Table 1 shows that 37(18.5%) of students sample test score 19 or more indicating that they have a higher probability of possessing a diagnosis social anxiety disorder.

Table (2): Prevalence rate of social phobia in student sample

Prevalence Rate	Present		Absent		Total		p-value
	No.	%	No.	%	No.	%	
	37	18.5	163	81.5	200	100	

Table 2 shows that 18.5% of the students sample was having SP, which is statistically highly significant.

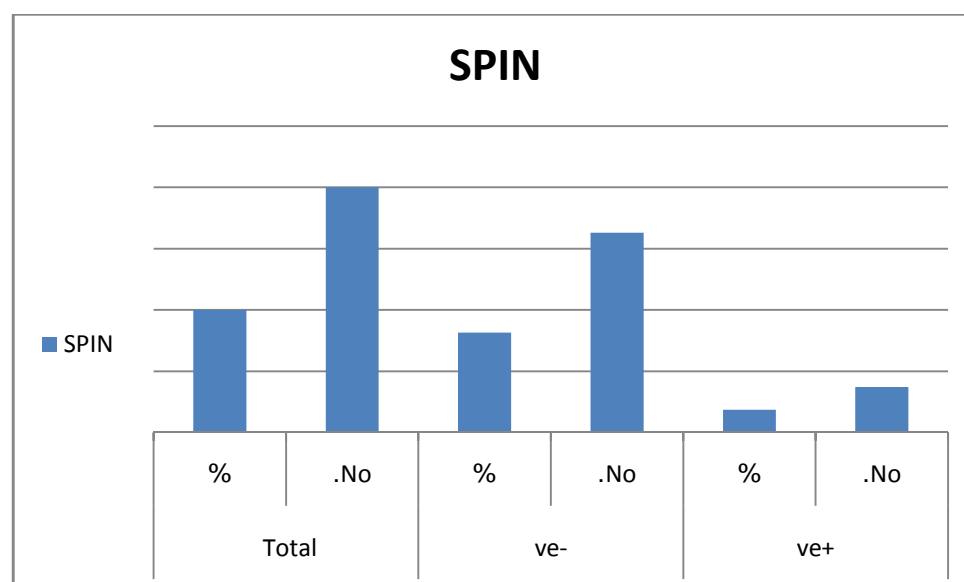


Figure 1 distribution of total sample according to the response of SPIN questionnaire. Total number of students sample 200(100%), negative response to SPIN 136 (81.5%), and the positive response to SPIN is 37 (18.5%) of total sample which indicate high probability of having social phobia.

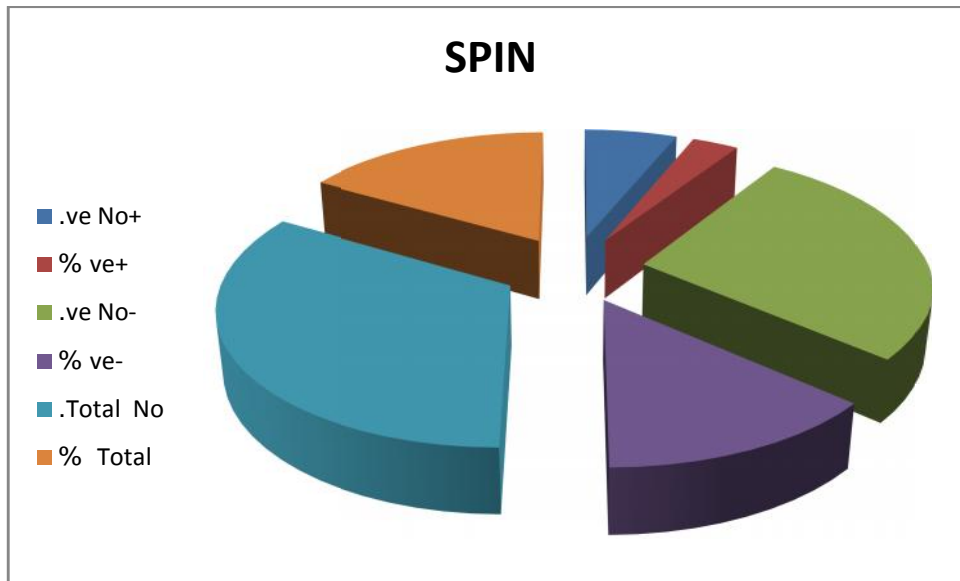


Figure 2: Another figure of explanation of the distribution of total sample according to the response of SPIN questionnaire. Total percentage of students sample 100% (orange part), negative response to SPIN 81.5% (violet part), and the positive response to SPIN was 18.5% of total sample (red part) which indicate high probability of having social phobia.

Table (3): Clinical manifestations of social phobia

MANIFESTATIONS	No.=37	%
1. I avoid having to give speeches.	23	62.17
2. I would do anything to avoid being criticized.	20	54.06
3. Being criticized scares me a lot.	19	51.36
4. Being embarrassed or looking stupid are among my worst fears.	18	48.65
5. Fear of embarrassment causes me to avoid doing things or speaking to people.	18	48.65
6. I am afraid of doing things when people might be watching.	17	45.95
7. Trembling or shaking in front of others is distressing to me.	16	43.25
8. I avoid speaking to anyone in authority.	15	40.54
9. I avoid activities in which I am the center of attention.	13	35.14
10. Sweating in front of people causes me distress.	12	32.44
11. I avoid going to parties.	12	32.44
12. Heart palpitations bother me when I am around people.	11	29.73
13. Parties and social events scare me.	10	27.03
14. I am bothered by blushing in front of people.	9	24.33
15. Talking to strangers scares me.	8	21.63
16. I am afraid of people in authority.	8	21.63
17. I avoid talking to people I don't know.	7	18.92

Table 3 indicated that higher percentage of students with SP avoids having to give speeches (62.17%) and would do anything to avoid being criticized (54.06%).

Table (4): Rate of social phobia in student sample in relation to gender

Gender	Present		Absent		Total		df	χ^2	p-value
	No.	%	No.	%	No.	%			
Female	24	12	76	38	100	100	1	4.74	<0.05
Male	13	6.5	87	43.5	100	100			
Total	37	18.5	163	81.5	200	100			

Table 4 shows that more female having Social Phobia 24(12%) in comparison to male 13(6.5%) of the total student having Social Phobia which is statistically highly significant.

Table (5): Rate of social phobia in student sample in relation to family income

Family income	Present		Absent		Total		df	χ^2	p-value
	No.	%	No.	%	No.	%			
Low income	17	8.5	49	24.5	66	33	2	14.24	<0.005
Moderate income	11	5.5	100	50	111	55.5			
High income	9	4.5	14	7	23	11.5			
Total	37	18.5	163	81.5	200	100			

Table 5 shows that the number of students with Social Phobia having low family income is 17(8.5%) which is higher than moderate and high income families 11(5.5%) & 9(4.5%) respectively. These differences are statically significant in which p value is lesser than 0.005

Low income: the income of the patient and his or her family is not sufficient for his or her daily requirement.

Moderate income: the income of the patient and his or her family is sufficient for his or her daily requirement.

High income: the income of the patient and his or her family is sufficient for his or her daily requirement and for extra needs.

Table (6): Rate of social phobia in student sample in relation to marital status

Marital status	Present		Absent		Total		df	χ^2	p-value
	No.	%	No.	%	No.	%			
Married	17	8.5	146	73	163	81.5	1	38.01	<0.005
Single	20	10	17	8.5	37	18.5			
Total	37	18.5	163	81.5	200	100			

Table 6 shows that according to marital status more cases of students with Social Phobia were single (10%) than married (8.5%) which is statistically highly significant.

Table (7): Number of patients with social phobia according to residence

Residence	Present		Absent		Total		df	χ^2	p-value
	No.	%	No.	%	No.	%			
Urban	15	7.5	119	59.5	134	67	1	14.35	<0.005
Rural	22	11	44	22	66	33			
Total	37	18.5	163	81.5	200	100			

Table 7 shows that numbers of the students with SP coming from rural areas 22(11%) was higher than those coming from urban areas 15 (7.5%) which is statistically highly significant.

DISCUSSION

The present study reveals the probable social phobia was present in 18.5% of the total sample (6.5% male and 12% female) which nearly similar to the results of the study done by Wilson, I, which stated that prevalence of SP among student university Australia is 18.3%.⁽¹³⁾

The result was higher than other studies done in Iraq showed that the prevalence of (SP) among the medical student is Al-Qadissia Medical College in Al- Diwania city (12.6 %) ⁽¹⁴⁾ and previous studies showed that SP among university students in Sulaimania province was (9.1%) ⁽¹⁵⁾. The prevalence of SP in eastern societies, although less studied, has been reported to be much lower, namely, 0.4% in a rural Taiwanese village.⁽¹⁶⁾ A significantly higher rate of SP in the Basle Epidemiological Study (16%) compared with Southeast Asia surveys (0.4 – 0.6%) is truly intriguing^(17,18).

The current researchers suggest the higher prevalence of SP may be due to several factors such as unfamiliarity with institute environment for first-time students, first time that students were away from their family, dissatisfaction with the course of study that they had registered for, inability to adjust among other students and insufficient income.

This study showed that more females than males suffer from social anxiety. Similarly, the National Co-morbidity Survey carried out on over 8,000 respondents in the United States, a general health care survey looking at 405 attendees in France and a population study in the Netherlands found higher rates of social phobia in females^(19, 20)

The current researcher's opinion for high female anxiety that females are more likely to report concerns about the volume and complexity of the study material they have to cover, they are more likely to report stress due to self-expectations and a feeling of lack of competence, and women tend to over-report medical and

psychological symptoms. The other possible reason may be due to physiological factors and the sex roles of women in social and interpersonal relationships.

Female physiology entails that women go through hormonal changes and that they may experience problems in the reproductive age, or when they reach menopausal status in their life. Women are at risk of mental disorders due to the robust effect of biological factors or because of greater social inconveniences.⁽²¹⁾

Regarding the clinical manifestation of social phobia, the following three items were endorsed by at least 50% of the student with SAD:

- ◆ I avoid having to give speeches.
- ◆ I would do anything to avoid being criticized.
- ◆ Being criticized scares me a lot.

The most frequently endorsed fear items on SPIN score were reacting, performing or giving a talk in front of an audience, being the center of attention and speaking up at a meeting. These were also the frequently endorsed avoidance items.

Additionally the percentage of SP in patients having low family income is (8.5%) which is higher than others (Moderate income and High income). These differences are statically significant in which p value is lesser than 0.005 this finding is similar to Schneier et al.⁽²²⁾ study which observed that social phobia was associated with lower income levels and, because it has been noted that this disorder is associated with low educational attainment and that shy people are less likely than the non-shy people to engage in career promoting behaviors, it is plausible that social phobia might hamper career advancement, noteworthy that individuals of high income families having high socioeconomic status with the individual's physical, psychological and social needs are met, so they have numerous ways with high efficacy of dealing and facing social situations.

According to the marital status the researchers found that 10% of students with SD were single which is statistically highly significant this result is consistent with several studies which reported that social phobia is over-represented among unmarried individuals^(22, 23).

Differences among geographic distribution were found in our study; further investigation of the factor of regional location is crucial to clarify this issue. Statistically highly significant proportions of students with SP were rural living which is consistent with the results of a study by Ofleson et al.⁽²⁴⁾ who have reported higher SP in small towns or rural areas; a possible explanation might be due to low interracial cohesion.

LIMITATIONS OF THE STUDY:

This study included only institute students and did not represent the general population. From an epidemiologic perspective, it is necessary to study a representative sample from the entire population to achieve more sound results.

Another limitation of the current study is the reliance on the use of self-reported measures to gather data. Social phobia co-morbidities were not evaluated in this study as persons with SP may have a history of other anxiety disorders, such as substance-related disorders and bulimia nervosa. In addition, avoidant personality disorder frequently occurs in persons with generalized SP. Such disorders were not controllable in this study.

CONCLUSIONS:

Social phobia was present in 18.5% of students of Kufa Technical Institute and was more common among unmarried female. The most frequent social anxiety was related to public speaking. Additionally SAD was more frequent among students coming from rural residency and poor income families.

RECOMMENDATION:

1. The high prevalence of phobia among institute students' needs education about social phobia and its impact and for the development of more widely available treatment resources for persons with social phobia. Thus, early diagnosis of first social anxiety symptoms may assist in the prevention of more severe psychiatric symptoms.
2. The study findings are of interest and a national study should investigate, in a more detailed manner, the pattern of risk factors associated with phobias in children.
3. Primary psychiatric care will have to develop strategies in order to reach more of the population suffering from social anxiety symptoms and increase awareness of the disorder since SAD is still considerably underdiagnosed and undertreated.

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